Docket Number						
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009					.401C1	
F Y 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/765,466				iled J	anuary 26, 2004	
For A METHOD TO PRODUCE A RECEPTOR CHIP USING BIOTINYLATED PROTEIN						
Art Unit 1641				xamin Ielanie		
This is a request under the provisions of 37 CFR 1.136(a) to extend the p						
reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate						
fee below): Fee Small I				ntity Fe	10	
Г	One month (37 CFR 1.17(a)(1))	\$130		35	\$	
i	Two months (37 CFR 1.17(a)(2))	\$490		45	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$5		\$1110	
ï	Four months (37 CFR 1.17(a)(4))	\$1730		65	\$	
ï	Five months (37 CFR 1.17(a)(5))	\$2350	\$11		\$ \$	
П						
_	Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed.					
Π	Payment by credit card.					
П	The Director has already been authorized to charge fees in this application to a Deposit Account.					
×	The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number 19-1090.					
	WARNING: Information on this form may beco	WARNING: Information on this form may become public. Credit card information should not be				
included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ∏applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
X attorney or agent of record. Registration No. 51,909						
	attorney or agent under 37 CFR 1.34.					
	Registration number if acting under 37 CFR 1.34					
	/Carol D. Laherty/	/Carol D. Laherty/ June 19, 2009				
	Signature			Dat		
	Carol D. Laherty, Ph.D. 206-622-4900					
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

1412:85_1,DOC